City of Milwaukee Health Department

MEDICAL INFORMATION AND EMERGENCY HEALTH CARE PLAN

LAST UPDATED: _____

This plan is intended to communicate pertinent medical information and how an emergency responder or other person could assist you in case of an emergency or natural disaster. This form should be completed in conjunction with the **MEDICAL EMERGENCY WALLET CARD**. You should always keep this form and a copy of your wallet card on you and keep an extra copy of both items in your **HOME EMERGENCY PREPAREDNESS KIT**. You should update these forms every six months or when there is a change in your health status / condition(s).

PERSONAL DATA

Name: _____

Phone Number: _____

Date of Birth: _____

Address: _____

_____

_____

EMERGENCY CONTACTS

Local Contact:

Name: _____

Phone Number: _____

Relationship: _____

Out-of-Town Contact:

Name: _____

Phone Number: _____

Relationship: _____

Meeting Location: _____

MEDICAL / HEALTH HISTORY (check all that apply)

- ☐ Arthritis
- ☐ Asthma
- ☐ Bladder/Bowel Issues
- ☐ Cancer
- ☐ Diabetes
- ☐ Dizziness
- ☐ Easy to bleed / bruise
- ☐ Fevers
- ☐ Fainting
- ☐ Hearing Loss
- ☐ Heart Disease
- ☐ Heartburn / Acid Reflux
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Kidney Disease
- ☐ Lung Disease
- ☐ Migraines
- ☐ Muscle aches
- ☐ Rash
- ☐ Seizures
- ☐ Shortness of Breath
- ☐ Stomach Issues
- ☐ Visual Impairment
- ☐ Other: _____
- ☐ Allergies: _____

MEDICAL EQUIPMENT AND DEVICES

Device Type: _____

Doctor: _____

Directions for Use:

Device Type: _____

Doctor: _____

Directions for Use:

Device Type: _____

Doctor: _____

Directions for Use:

MEDICAL DATA

Doctor's Name: _____

Doctor's Phone: _____

Pharmacy: _____

Pharmacy Phone: _____

Preferred Hospital: _____

Location(s) of Healthcare Power of Attorney / Living Will:

_____

What is a Health Care Power of Attorney?

This is a legal document that allows someone you choose to make decisions about your medical care if you are not able to. This choice is made before you get sick so you can pick someone you trust.

What is a living will?

This is a legal document that you can use to explain what you want and don't want. It explains what type of medical treatment and lifesaving measures you want or don't want.

Visit **dhs.wisconsin.gov/forms/advdirectives** for more information.

PRESCRIPTION MEDICATIONS:			
Name of medication:	**Dose and frequency:**	**Taken for:**	**Notes:**

INSURANCE POLICIES

Health Insurance Provider:

_____

Health Insurance Member ID / Group Number:

_____

Secondary Health Insurance:

_____

Homeowners Insurance:

_____

Auto Insurance:

_____

Other Insurance:

_____

PET / SERVICE ANIMALS

Pet Name(s):

_____

Medical Concerns:

_____

Medications:

_____

Veterinarian:

_____

Veterinarian Phone:

_____

Kennel:

_____

Pet Insurance:

_____